| SENDER: COMPLETE THIS SECTION  Case  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the revers so that we can return the card to you.  Attach this card to the back of the mailpiee or on the front if space permits.  1. Article Addressed to:  Line Addressed to:  Alabama Shall Hand | e Agent Addressee   |
|--|---|
| 11 South Union St.<br>Monty Al 36130   | 3. Service Type  Gertified Mail  Registered  Insured Mail  C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes |
| Article Number     (Transfer from service label)   | Li les  |
| PS Form 3811, February 2004 Dom  | estic Return Receipt 06 - 229 102595-02-M-1540  |